State of Idaho State Controller's Office Division of Statewide Payroll

UNIVERSITY PAYROLL AUTHORIZATION FORM

	Agency Code	
Pay Period Number		Pay Period End Date
Beginning Batch Number		Ending Batch Number
_	Number of Employ	ees
	Total Gross Dolla	rs
Total Local Gross Dollars		Total State Gross Dollars
Total Local Benefits		Total State Benefits
Local Taxable Fringe Be TFB MTF MOV	T N	State Taxable Fringe Benefits FB ITF OV
TXL		XL
Completed By		Authorized Signature Per Idaho Code 67-2012

Fax to Division of Statewide Payroll at 334-3338